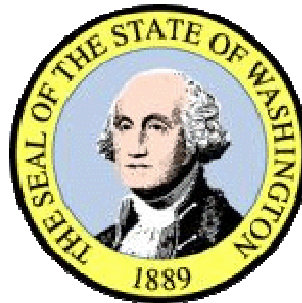


**835 Health Care Claim
Payment/Advice
Transaction Specification
ANSI ASC X12N 835 (Version 5010E1)**

**State of Washington
Department of Social & Health Services**



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3 Transaction Specifications

Page	Loop	Segment	Data Element	Element Name	Comments
Interchange Control Header					
App B	Envelope	ISA	01	Authorization Information Qualifier	Receive 00
App B	Envelope	ISA	02	Authorization Information	Receive 10 Spaces
App B	Envelope	ISA	03	Security Information Qualifier	Receive 00
App B	Envelope	ISA	04	Security Information	Receive 10 Spaces
App B	Envelope	ISA	05	Interchange ID Qualifier	Receive ZZ
App B	Envelope	ISA	06	Interchange Sender ID	Receive 77045 followed by 10 Spaces
App B	Envelope	ISA	07	Interchange ID Qualifier	Receive ZZ
App B	Envelope	ISA	08	Interchange Receiver ID	Receive the 9 Digit ProviderOne ID followed by 6 Spaces
App B	Envelope	ISA	09	Interchange Date	Receive System Date Format - YYMMDD
App B	Envelope	ISA	10	Interchange Time	Receive System Time Format - HHMM
App B	Envelope	ISA	11	Repetition Separator	This field will be populated with a delimiter used to Identify Repetition in

Page	Loop	Segment	Data Element	Element Name	Comments
					simple data element or composite data structure. Reporting ^ for repetition separator
App B	Envelope	ISA	12	Interchange Control Version Number	This field will be populated with '00501'
App B	Envelope	ISA	13	Interchange Control Number	Receive the Interchange Control Number Note: ISA13 = IEA02
App B	Envelope	ISA	14	Acknowledgment Requested	Receive 0
App B	Envelope	ISA	15	Usage Indicator	Receive P in Production Mode and T in Test Mode
App B	Envelope	ISA	16	Component Element Separator	Receive Value - :
Functional Group Header					
App B	Envelope	GS	01	Functional Identifier Code	Receive HP
App B	Envelope	GS	02	Application Sender's Code	Receive 77045
App B	Envelope	GS	03	Application Receiver's Code	Receive the 9 Digit ProviderOne ID
App B	Envelope	GS	04	Date	Receive System Date Format - CCYYMMDD
App B	Envelope	GS	05	Time	Receive System Time Format = HHMM

Page	Loop	Segment	Data Element	Element Name	Comments
App B	Envelope	GS	06	Group Control Number	Receive the Group Control Number Note GS06 = GE02
App B	Envelope	GS	07	Responsible Agency Code	Receive X
App B	Envelope	GS	08	Version / Release / Industry Identifier Code	Receive 005010X221A1
Transaction Set Header					
68	Header	ST	01	Transaction Set Identifier Code	Receive 835
68	Header	ST	02	Transaction Set Control Number	This field will be populated with the Transaction Set Control Number, a unique identifier for this transaction. The control number is repeated on the transaction trailer. ST02 = SE02.
Financial Information					
70	Header	BPR	01	Transaction Handling Code	Receive I or H
71	Header	BPR	02	Monetary Amount	Receive Check/EFT Amount
71	Header	BPR	03	Credit/Debit Flag Code	Receive C
72	Header	BPR	04	Payment Method Code	Receive NON , ACH , or CHK
72	Header	BPR	05	Payment Format Code	Receive CCP if BPR04 = ACH
73	Header	BPR	06	(DFI) ID Number Qualifier	Receive 01
73	Header	BPR	07	(DFI) Identification Number	Receive Sender DFI Identifier

Page	Loop	Segment	Data Element	Element Name	Comments
74	Header	BPR	08	Account Number Qualifier	Receive DA
74	Header	BPR	09	Account Number	Receive Sender Bank Account Number
74	Header	BPR	10	Originating Company Identifier	Receive 10 digit Payer Identifier
74	Header	BPR	11	Originating Company Supplemental Code	Receive WA DSHS
75	Header	BPR	12	(DFI) ID Number Qualifier	Receive 01 if BPR04 = ACH
75	Header	BPR	13	(DFI) Identification Number	Receive Provider DFI number if BPR04 = ACH
76	Header	BPR	14	Account Number Qualifier	Receive Provider Account Number Qualifier DA = Demand Deposit SG = Saving if BPR04 = ACH
76	Header	BPR	15	Account Number	Receive Provider Bank Account Number if BPR04 = ACH
76	Header	BPR	16	Date	Check Issue or EFT Effective Date
Reassociation Trace Number					
77	Header	TRN	01	Trace Type Code	Receive 1
77	Header	TRN	02	Reference Identification	Receive Check or EFT Trace Number
78	Header	TRN	03	Originating Company Identifier	Receive 10 digit Payer Identifier
78	Header	TRN	04	Reference Identification	Receive WA DSHS

Page	Loop	Segment	Data Element	Element Name	Comments
Receiver Identification NOTE: This segment will be used only when the receiver of the transaction is other than the payee (e.g., Clearing House or billing service ID)					
82	Header	REF	01	Reference Identification Qualifier	Receive EV
82	Header	REF	02	Reference Identification	Receive the 9 Digit ProviderOne ID
Production Date					
85	Header	DTM	01	Date/Time Qualifier	Receive 405
86	Header	DTM	02	Date	Receive Date of Production or Payment
Payer Identification					
87	1000A	N1	01	Entity Identifier Code	Receive PR
87	1000A	N1	02	Name	Receive WA State DSHS
88	1000A	N1	03	Identification Code Qualifier	Receive XV
88	1000A	N1	04	Identification Code	Receive Payer Identifier 916001088.
Payer Address					
89	1000A	N3	01	Address Information	Receive WA State DSHS
89	1000A	N3	02	Address Information	Receive PO BOX 45500
Payer City, State, ZIP Code					
90	1000A	N4	01	City Name	Receive Olympia
91	1000A	N4	02	State or Province Code	Receive WA

Page	Loop	Segment	Data Element	Element Name	Comments
91	1000A	N4	03	Postal Code	Receive 98504
Payer Business Contact Information					
95	1000A	PER	01	Contact Function Code	Receive CX
95	1000A	PER	02	Name	Receive WA State DSHS Provider Relations
95	1000A	PER	03	Communication Number Qualifier	Receive TE
95	1000A	PER	04	Communication Number	Receive 8005623022
Payer Technical Contact Information					
97	1000A	PER	01	Contact Function Code	Receive BL
98	1000A	PER	02	Name	Receive WA State DSHS Provider Relations
98	1000A	PER	03	Communication Number Qualifier	Receive EM
98	1000A	PER	04	Communication Number	Receive hipaa-help@dshs.wa.gov
Payee Identification					
102	1000B	N1	01	Entity Identifier Code	Receive PE
102	1000B	N1	02	Name	Receive Payee Name
103	1000B	N1	03	Identification Code Qualifier	Receive XX

Page	Loop	Segment	Data Element	Element Name	Comments
103	1000B	N1	04	Identification Code	Receive Provider NPI / Identifier
Payee Address					
104	1000B	N3	01	Address Information	Receive Payee Address1 (if available)
104	1000B	N3	02	Address Information	Receive Payee Address2 (if available)
Payee City, State, ZIP Code					
105	1000B	N4	01	City Name	Receive Payee City (if available)
106	1000B	N4	02	State or Province Code	Receive Payee State Code (if available)
106	1000B	N4	03	Postal Code	Receive Payee Zip Code (if available)
Header Number					
111	2000	LX	01	Assigned Number	Receive Remittance Advice (RA) Number (Last six digits only)
Claim Payment Information					
123	2100	CLP	01	Claim Submitter's Identifier	Receive Patient Control Number If the patient control number (CLM01) is not present on the claim, this field is populated with 0

Page	Loop	Segment	Data Element	Element Name	Comments
124	2100	CLP	02	Claim Status Code	Receive one of the following codes 1 - Processed as Primary 2 - Processed as Secondary 3 - Processed as Tertiary 4 - Denied 22 - Reversal of Previous Payment
125	2100	CLP	03	Monetary Amount	Receive Total Claim Charge Amount
125	2100	CLP	04	Monetary Amount	Receive Claim Payment Amount
125	2100	CLP	05	Monetary Amount	Receive Patient Responsibility Amount if present.
126	2100	CLP	06	Claim Filing Indicator Code	Receive MC
127	2100	CLP	07	Reference Identification	Receive 18 digit DSHS Transaction Control Number (TCN)
127	2100	CLP	08	Facility Code Value	Receive Facility Type Code from claim (CLM05-1)
127	2100	CLP	09	Claim Frequency Type Code	Receive Claim Frequency Type Code (CLM05-2, Only for Institutional Claims)
Claim Adjustment (Repeated through CAS19 if necessary)					
97	2100	CAS	01	Claim Adjustment Group Code	Receive appropriate code
131	2100	CAS	02	Claim Adjustment Reason Code	Receive Claim Adjustment Reason Code

Page	Loop	Segment	Data Element	Element Name	Comments
131	2100	CAS	03	Monetary Amount	Receive Claim Adjustment Amount
132	2100	CAS	04	Quantity	Receive Claim Adjustment Quantity
Patient Name					
137	2100	NM1	01	Entity Identifier Code	Receive QC
138	2100	NM1	02	Entity Type Qualifier	Receive 1
137	2100	NM1	03	Name Last or Organization Name	Receive Patient's Last Name
137	2100	NM1	04	Name First	Receive Patient's First Name
137	2100	NM1	05	Name Middle	Receive Patient's Middle Initial if available
139	2100	NM1	08	Identification Code Qualifier	Receive MR
139	2100	NM1	09	Identification Code	Receive ProviderOne Client ID submitted on claim
Service Provider Name					
147	2100	NM1	01	Entity Identifier Code	Receive 82
147	2100	NM1	02	Entity Type Qualifier	Receive appropriate code
147	2100	NM1	03	Name Last or Organization Name	Receive Rendering Provider's Last or Organization Name
147	2100	NM1	04	Name First	Receive if NM102 = 1

148	2100	NM1	08	Identification Code Qualifier	Receive XX
148	2100	NM1	09	Identification Code	Receive Provider NPI / Identifier
Inpatient Adjudication Information					
160	2100	MIA	01	Quantity	Receive 0
161	2100	MIA	05	Reference Identification	Receive Inpatient Remark Code if present
164	2100	MIA	20	Reference Identification	Receive additional Inpatient Remark Code if present.
165	2100	MIA	21	Reference Identification	Receive additional Inpatient Remark Code if present.
165	2100	MIA	22	Reference Identification	Receive additional Inpatient Remark Code if present.
165	2100	MIA	23	Reference Identification	Receive additional Inpatient Remark Code if present.
Outpatient Adjudication Information					
167	2100	MOA	03	Reference Identification	Receive Outpatient Remark Code if present
167	2100	MOA	04	Reference Identification	Receive additional Outpatient Remark Code if present
167	2100	MOA	05	Reference Identification	Receive additional Outpatient Remark Code if present
168	2100	MOA	06	Reference Identification	Receive additional Outpatient Remark Code if present
168	2100	MOA	07	Reference Identification	Receive additional Outpatient Remark Code if present

Other Claim Related Identification					
169	2100	REF	01	Reference Identification Qualifier	EA - Medical Record Identification Number F8 - Original Reference Number G1 - Prior Authorization Number BB – Rx Number
170	2100	REF	02	Reference Identification	Medical Record Number if REF01- EA, Original Reference Number REF01- F8 Prior Authorization Number if REF01- G1,
Statement From or To Date					
174	2100	DTM	01	Date/Time Qualifier	Receive 232, 233
174	2100	DTM	02	Date	Claim Statement Period Start if DTM01 - 232 Claim Statement Period End if DTM01 – 232

Claim Supplemental Information					
182	2100	AMT	01	Amount Qualifier Code	AU – Coverage Amount F5 - Patient Paid Amount T – Tax
183	2100	AMT	02	Monetary Amount	Coverage Amount if AMT01 - AU, Patient Paid Amount if AMT01 - F5, Tax if AMT01 – T
Service Payment Information					
186-187	2110	SVC	01-1	Product/Service ID Qualifier	AD - American Dental Association Codes HC - HCPCS Codes N4 - National Drug Code in 5-4-2 Format NU - NUBC UB92 Codes
188	2110	SVC	01-2	Product/Service ID	Receive appropriate code depends on SVC-01
188	2110	SVC	01-3	Procedure Modifier	Receive procedure modifier if submitted on claim line
189	2110	SVC	01-4	Procedure Modifier	Receive procedure modifier if submitted on claim line
189	2110	SVC	01-5	Procedure Modifier	Receive procedure modifier if submitted on claim line
189	2110	SVC	01-6	Procedure Modifier	Receive procedure modifier if submitted on claim line
189	2110	SVC	02	Monetary Amount	Receive Line Item Charged Amount

190	2110	SVC	03	Monetary Amount	Receive Line Item Paid Amount
190	2110	SVC	04	Product/Service ID	If applicable, Receive Revenue Code
190	2110	SVC	05	Quantity	Receive Paid Units of Service
193	2110	SVC	07	Quantity	Receive Billed Units of Service. This will be reported when there is difference between Paid and Billed Units
Service Date					
195	2110	DTM	01	Date/Time Qualifier	150 - Service Period Start 151 - Service Period End 472 – Service
195	2110	DTM	02	Date	Receive Claim Line Date
Service Adjustment (Repeat through CAS19 if necessary)					
198	2110	CAS	01	Claim Adjustment Group Code	Receive appropriate code
198	2110	CAS	02	Claim Adjustment Reason Code	Receive Claim Line Adjustment Reason Code
199	2110	CAS	03	Monetary Amount	Receive Claim Line Adjustment Amount
199	2110	CAS	04	Quantity	Receive Claim Line Adjustment Quantity

Service Identification					
204	2110	REF	01	Reference Identification Qualifier	G1 – Prior Authorization Number
205	2110	REF	02	Reference Identification	Receive appropriate identifier depends on REF-01
Line Item Control Number					
206	2110	REF	01	Reference Identification Qualifier	6R
206	2110	REF	02	Reference Identification	Receive Provider Control Number
Rendering Provider Information					
207	2110	REF	01	Reference Identification Qualifier	Receive HPI
208	2110	REF	02	Reference Identification	Receive Provider NPI / Identifier
Health Care Remark Codes					
215	2110	LQ	01	Code List Qualifier Code	Receive Appropriate Code
216	2110	LQ	02	Industry Code	Receive Remittance Remark Code
Provider Adjustment					
218	Summary	PLB	01	Reference Identification	Receive Provider NPI / Identifier
218	Summary	PLB	02	Date	Date format in CCYYMMDD

219	Summary	PLB	03-1	Adjustment Reason Code	Receive Adjustment Reason Code
222	Summary	PLB	03-2	Reference Identification	Receive Reference Identification
223	Summary	PLB	04	Monetary Amount	Receive Provider Adjustment Amount
Transaction Set Trailer					
228	Trailer	SE	01	Number of Included Segments	Total Number of Segments in Transaction set
228	Trailer	SE	02	Transaction Set Control Number	Must be identical to ST02
Functional Group Trailer					
App B	Trailer	GE	01	Number of Transaction Sets Included	Total Number of Transaction sets
App B	Trailer	GE	02	Group Control Number	Must be identical to GS06
Interchange Control Trailer					
App B	Trailer	IEA	01	Number of Included Functional Groups	Total Number of Functional Groups
App B	Trailer	IEA	02	Interchange Control Number	Must be identical to ISA13